

# City of Mt. Vernon Parks and Recreation

## 2009 Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including, age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

PLEASE PRINT ALL INFORMATION

Today's Date: \_\_\_\_\_

### Personal Information

Last Name	First	Middle	Social Security #
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Present Address	City	State	Zip	Telephone
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Date of Birth (if under 18 or over 70): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? YES or NO

### Employment Positions and Age Requirements

Assistant Manager

Cashier (16)

Community Center Staff

Concessions (15)

Lifeguard (15)

Maintenance Assistant (16)

Official/Umpire

Pool Maintenance (14)

Scorekeeper

Swim Instructor (16)

Ticket Taker (14)

(14) Minimum age requirement for this position is 14 years old

(15) Minimum age requirement for this position is 15 years old

(16) Minimum age requirement for this position is 16 years old

Position Applying For: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_

Have you applied here before? \_\_\_\_\_ If so, when? \_\_\_\_\_ For what position? \_\_\_\_\_

#### If Applying For a Position at Brittlebank Pool:

Do you presently have any of the following:

W.S.I. \_\_\_\_\_ (Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

L.G.I. \_\_\_\_\_ (Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

Headguard Certificate: \_\_\_\_\_ (Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

Lifeguarding License: \_\_\_\_\_ (Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

First-Aid Certificate: \_\_\_\_\_ (Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

Community CPR: \_\_\_\_\_ (Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

### Educational History

Education	Name & Location of School	Number of Years Attended	Did you Graduate?	Subjects Studied
High School:				
College:				
Other:				

Activities (sports, clubs, organizations) and/or Special Skills (awards, honors or achievements):

Have you ever been convicted of a crime other than minor traffic violations? Conviction will not be an absolute bar to employment.

**YES or NO** If "Yes", please explain. \_\_\_\_\_

Is your Driver's License currently suspended? **YES or NO** If yes, explain \_\_\_\_\_

### **Employment Record**

Please include all employment for the last five years, starting with the most recent job first. If you have not had any formal employment, please include baby-sitting, mowing or other jobs.

Date (Month and Year)	Name & Address of Employer Including Telephone Number	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

**NOTE:** We will contact all employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion.

\_\_\_\_\_  
Employer's Name Reason

\_\_\_\_\_  
Employer's Name Reason

### **References (Please do not include relatives)**

Name	Address/Telephone Number	Business/How Acquainted	Years Acquainted

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Parks Department.

By submission of this document, I hereby agree that I shall execute the employer's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with Parks Department will be jeopardized if I engage in substance abuse, illegal drug use or alcohol abuse."

Signature: \_\_\_\_\_

Date: \_\_\_\_\_